

Single Bill Order Form

To order a Single Bill:

- 1 Include the details of the account or phone number which is to be the Single Bill account in section A.
- 2 If other accounts in the Single Bill Customer's name are to be included in the Single Bill, complete section B.
- 3 If accounts in the names of other Telstra customers are to be included in the Single Bill, complete section C.
- 4 The Single Bill Customer or their authorised representative must complete and sign section D.
- 5 Return the completed form to Telstra by:

FAX to: Telstra on 1800 00 11 33 OR

MAIL to: Telstra Single Bill Offer

DO NOT COMPLETE THIS FORM UNTIL YOU HAVE READ THE TELSTRA SINGLE BILL TERMS

SECTION A

Single Bill Account Details

Which Telstra fixed business account or phone number would you like as your Single Bill account?
(your account number can be found in the top left hand corner on the front page of your bill)

Account number or phone number (not a *MobileNet*® account):

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Single Bill Customer details (please print)

Customer's Name:

ACN/ARBN
(If applicable)

OR Date of birth:
(If applicable)

Phone number:

Fax

Authorised Representative:
(If applicable)

Date of birth:

SECTION B

Accounts in the Single Bill Customer's name to be included

List the account numbers or phone numbers for any *MobileNet*® or fixed business accounts in the Single Bill Customer's name which are to be included in the Single Bill

Accounts in the name of other Telstra customers to be included

SECTION C

Which MobileNet[®] or fixed business accounts or phone numbers in the name of other Telstra customers are to be included in the Single Bill?

To indicate the customer's agreement with Telstra's Single Bill Terms, each customer or their authorised representative must sign the section next to their account number(s).

(If there is not enough space below, photocopy this page as many times as you need to and attach it to this form).

Name & signature of customer or their authorised representative

Account Number(s)

<p>Customer's Name: <input type="text"/></p> <p>Signed: <input type="text"/></p> <p>Date: <input type="text"/></p> <p>If authorised representative:</p> <p>Name: <input type="text"/></p> <p>Position: <input type="text"/></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Customer's Name: <input type="text"/></p> <p>Signed: <input type="text"/></p> <p>Date: <input type="text"/></p> <p>If authorised representative:</p> <p>Name: <input type="text"/></p> <p>Position: <input type="text"/></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Customer's Name: <input type="text"/></p> <p>Signed: <input type="text"/></p> <p>Date: <input type="text"/></p> <p>If authorised representative:</p> <p>Name: <input type="text"/></p> <p>Position: <input type="text"/></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

SECTION D

Single Bill Customer's agreement

- I, the Single Bill Customer, agree to have each account listed in sections B and C, included in my Single Bill.
- I have read, understood and agree to, the Single Bill Terms.

Signature Date : / /

Signatory's name *(Please print)*:

I am the *(tick one)*:

Single Bill Customer **OR** authorised representative of the Single Bill Customer

Authorised representative's position *(if applicable)*:

Internal Use Only:

Sales Rep:..... Date:/...../.....

CS: *State & Segment*:..... Date:/...../..... TN: BC:

Additional Instructions:.....